

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026378

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6500

STATE FILE NUMBER

FILED JUN 28 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Kirkwood	
Length of stay in 1b 1 1/2 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 10515 Big Bend Rd.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ROLLIN SHANNON			4. DATE OF DEATH Month Day Year June 18, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-14-1899	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Swing-Away Mgr.		11. BIRTHPLACE (City and state or country) Indiana	
12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME John Shannon		13b. MOTHER'S MAIDEN NAME May		14. NAME OF HUSBAND OR WIFE Irene T. Shannon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none or unknown) No None		17. INFORMANT Kirkwood 22 Missouri Roy J. Shannon-10515 Big Bend Rd.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Hepatitis (Cirrhosis) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) 592x DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 years 7 days
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from March 28, 1963 - 6-18-63 and last saw her alive on 6-18-63 Death occurred at 9:15 PM in the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) William W. Farley M.D.	22b. ADDRESS 3654 S. Grand	22c. DATE SIGNED 6-20-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-21-1963	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.	23d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo.
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24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood 22, Mo.	25. DATE RECD. BY LOCAL REG. JUN 20 1963	26. REGISTRAR'S SIGNATURE Joan Smith, M.D.
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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

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Rev. 4/59  
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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.